Bureau of Health Care Quality and Compliance

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING B. WING		С	
NVS255AGZ				12/15/			5/2010
NAME OF PROVIDER OR SUPPLIER STREET ADD			RESS, CITY, STA	ATE, ZIP CODE			
I I ACVI ANE DETIDEMENT LIOME			313 LACY I	LANE S, NV 89107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments			Y 000			
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 12/15/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of B.						
	The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed.  The following deficiencies were identified:						
Y 105 SS=E	Y 105 SS=E 449.200(1)(f) Personnel File - Background Check		Check	Y 105			
	a separate personne member of the staff of	se provided in subsection I file must be kept for ea of a facility and must inc Iiance with NRS 449.17	ach lude:				
	Based on record revi failed to ensure 2 of 3	ot met as evidenced by: ew on 12/15/10, the fac 3 employees met quirements of NRS 449	cility				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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LACY LANE RETIREMENT HOME			313 LACY LANE LAS VEGAS, NV 89107						
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Y 105	Continued From page	e 1		Y 105					
	to 449.188 (Employee #1 no fingerprints and an undecided FBI check with no evidence of any action taken to resolve, and Employee #2 no criminal history statement, no State or FBI background checks in file).  This was a repeat deficiency from the 10/8/09 and 7/28/10 State Licensure surveys.  Severity: 2 Scope: 2								
Y 698 Residents Requiring use of Oxygen-Storage SS=D			Y 698						
	2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:  (b) ensure that:  (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;								
	by: Based on observation	,	ty						
	Seventy. 2 Scope.	1							
Y 883 SS=D	Y 883 SS=D 449.2742(7) Medication / Resident Refusal			Y 883					
	administration of med	s, or otherwise misses, lication, a physician murs rs after the dose is refu	st be						

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OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
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This Regulation is not met as evidenced by: Based on interview and record review on 12/15/10, the facility did not ensure physician notification after a resident refused or missed a medication was made within 12 hours for 1 of 6 residents (Employee #1 stated Resident #6 has		Y 883					
Severity: 2 Scope: 1  Y 936 449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place		Y 936					
unauthorized use. The records, letters, asset information and any of the resident, including (e) Evidence of components of the resident of the record reviet the facility failed to encomplied with NAC 44 tuberculosis testing (fine records, asset of the records of the reco	ne file must contain all ssments, medical other information related without limitation: liance with the provisio and the regulations reto.  ot met as evidenced by: ew on 12/15/10 & 12/16 issure 1 of 6 residents 41A.380 regarding Resident #3, admit date	d to ns of 6/10,					
	ROVIDER OR SUPPLIER  SUMMARY ST.  (EACH DEFICIENC' REGULATORY OR I  Continued From page  This Regulation is not Based on interview at 12/15/10, the facility of notification after a res medication was made residents (Employee been refusing Senna physician not notified  Severity: 2 Scope:  449.2749(1)(e) Resid Tuberculosis  NAC 449.2749  1. A separate file must resident of a resident least 5 years after he facility. The file must that is resistant to fire unauthorized use. 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This Regulation is not met as evidenced by: Based on record review on 12/15/10 & 12/16 the facility failed to ensure 1 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3, admit date 10/20/10 had a one step TB test dated 12/16	NVS255AGZ  ROVIDER OR SUPPLIER  NE RETIREMENT HOME  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  This Regulation is not met as evidenced by: Based on interview and record review on 12/15/10, the facility did not ensure physician notification after a resident refused or missed a medication was made within 12 hours for 1 of 6 residents (Employee #1 stated Resident #6 has been refusing Senna S tablets for over a week, physician not notified).  Severity: 2 Scope: 1  449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749  1. 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Y 936	Continued From page	e 3		Y 936					
	This was a repeat def and the 7/28/10 State	ficiency from the 10/8/0 Licensure surveys.	9						
	Severity: 2 Scope: 1								
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items			Y 994					
	NAC 449.2756  1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.								
	Based on observation failed to ensure dange accessible to 6 of 6 re	esidents (razors in the om off Bedroom #4, scis	ty						
	This was a repeat def annual State Licensu	ficiency from the 7/28/1 re survey.	0						
	Severity: 2 Scope:	3							
Y 999 SS=F	449.2754(1)(g) Alzhe substances	imer's Facility-Toxic		Y 999					
	NAC 449.2756 1. The administrator of	of a residential facility w	/hich						

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Continued From page	e 4		Y 999					
provides care to personal disease shall ensure (g) All toxic substance	ons with Alzheimer's that: es are not accessible to	o the						
This Regulation is not met as evidenced by: Based on observation on 12/15/10, the facility failed to ensure toxic substances were inaccessible to 6 of 6 residents (bleach and other household cleaning agents in a high kitchen cabinet whose lock was not engaged).								
Severity: 2 Scope	: 3							
R	ROVIDER OR SUPPLIER  SUMMARY ST.  (EACH DEFICIENC' REGULATORY OR I  Continued From page provides care to pers disease shall ensure (g) All toxic substance residents of the facilit  This Regulation is no Based on observation failed to ensure toxic inaccessible to 6 of 6 household cleaning a cabinet whose lock w	NVS255AGZ  ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMAT)  Continued From page 4  provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to residents of the facility.  This Regulation is not met as evidenced by Based on observation on 12/15/10, the facility failed to ensure toxic substances were inaccessible to 6 of 6 residents (bleach and household cleaning agents in a high kitchen	NVS255AGZ  ROVIDER OR SUPPLIER  STREET ADD  313 LACY LAS VEGA  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.  This Regulation is not met as evidenced by: Based on observation on 12/15/10, the facility failed to ensure toxic substances were inaccessible to 6 of 6 residents (bleach and other household cleaning agents in a high kitchen cabinet whose lock was not engaged).	ROVIDER OR SUPPLIER  RETIREMENT HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.  This Regulation is not met as evidenced by:  Based on observation on 12/15/10, the facility failed to ensure toxic substances were inaccessible to 6 of 6 residents (bleach and other household cleaning agents in a high kitchen cabinet whose lock was not engaged).	ROVIDER OR SUPPLIER  NVS255AGZ  STREET ADDRESS, CITY, STATE, ZIP CODE  313 LACY LANE LAS VEGAS, NV 89107  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.  This Regulation is not met as evidenced by: Based on observation on 12/15/10, the facility failed to ensure toxic substances were inaccessible to 6 of 6 residents (bleach and other household cleaning agents in a high kitchen cabinet whose lock was not engaged).	This Regulation is not met as evidenced by: Based on observation on 12/15/10, the facility failed to ensure toxic substances are not accessible to 6 of 6 residents (bleach and other household cleaning agents in a high kitchen cabinet whose lock was not engaged).		